



CHILD DEVELOPMENT AND CARE (CDC) APPLICATION

Michigan Family Independence

Agency (FIA)

INSTRUCTIONS: • You must live in Michigan. • Your completed and signed application must be received by the local FIA office serving the county or district where you live before payments can begin. • Providing your Social Security Number (SSN) is voluntary. However, if you do provide it, the SSN may be used to establish identity and for tracking and reporting purposes.

FOR FIA USE ONLY

Grantee Name				Date	
Case Number	Co.	Dist.	Section	Unit	Specialist

SECTION 1 — APPLICANT INFORMATION:

Full Name of Applicant (Last, First, Middle)		Former/Maiden Name	Marital Status: <input type="checkbox"/> NEVERMARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED
Address (Number & Street, Apartment Number)		Home Phone Number	
City	MI	Zip Code	Work Phone Number
Racial-ethnic heritage: (Answer is voluntary.) <input type="checkbox"/> WHITE, not of hispanic origin <input type="checkbox"/> BLACK, not of hispanic origin <input type="checkbox"/> HISPANIC <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> ALASKANNATIVE <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER		Are you multiracial? <input type="checkbox"/> NO <input type="checkbox"/> YES You are multiracial if you have parents from more than one racial-ethnic group, or if at least one of your parents is multi-racial. (Answer is voluntary.)	Is anyone living in your home an alien who was sponsored for admission into the U.S.? <input type="checkbox"/> NO <input type="checkbox"/> YES ▶ Who? Have you ever received FIP? <input type="checkbox"/> Never Received <input type="checkbox"/> Currently Receive <input type="checkbox"/> No Longer Receive Date Last Received:
Why do you need child day care services? (Check all that apply.) Explain: ▶ <input type="checkbox"/> TO WORK <input type="checkbox"/> TO ATTEND HIGH SCHOOL COMPLETION CLASSES <input type="checkbox"/> TO ATTEND MICHIGAN WORKS! AGENCY (MWA) APPROVED ACTIVITY <input type="checkbox"/> TO PARTICIPATE IN TREATMENT ACTIVITY FOR A HEALTH/SOCIAL CONDITION			

SECTION 2 — LIST CHILDREN IN YOUR HOME WHO NEED CHILD DAY CARE: (Attach Additional Sheet if Needed)

Child's Name (Last, First, Middle)	A G E	Days and Times Child Care is Needed	Is Care * Provided In Child's Home?		Name and Address of Child Care Provider *	Provider ID or License Number	Phone Number	Is Provider Related to Child?	
			NO	YES				N / Y	How?

*Your provider must be **licensed/registered** by the Department of Consumer and Industry Services, Bureau of Family Services, **unless** care is provided in the home where the child lives by an **FIA-enrolled** Day Care Aide **or** in the home of an **FIA-enrolled** Relative Care Provider who is an adult **and** a grandparent/step-grandparent, great-grandparent/step-great grandparent, aunt/step-aunt, uncle/step-uncle or adult sibling/step-sibling of the child **and** who does **not** live in the same home as the child.

SECTION 3 — LIST ALL PERSONS LIVING IN YOUR HOME: (Attach Additional Sheet if Needed)

Name (Last, First, Middle)	Date of Birth	Sex M/F	U.S. Citizen?	If no, U.S. Entry Date	Relation To You	Social Security Number	Does this person work/attend school?	List Where, Address and Days and Times
			<input type="checkbox"/> YES <input type="checkbox"/> NO ▶		SELF		<input type="checkbox"/> NO <input type="checkbox"/> YES ▶	
			<input type="checkbox"/> YES <input type="checkbox"/> NO ▶				<input type="checkbox"/> NO <input type="checkbox"/> YES ▶	
			<input type="checkbox"/> YES <input type="checkbox"/> NO ▶				<input type="checkbox"/> NO <input type="checkbox"/> YES ▶	
			<input type="checkbox"/> YES <input type="checkbox"/> NO ▶				<input type="checkbox"/> NO <input type="checkbox"/> YES ▶	
			<input type="checkbox"/> YES <input type="checkbox"/> NO ▶				<input type="checkbox"/> NO <input type="checkbox"/> YES ▶	
			<input type="checkbox"/> YES <input type="checkbox"/> NO ▶				<input type="checkbox"/> NO <input type="checkbox"/> YES ▶	

SECTION 4 — OTHER INFORMATION: Check all that apply: (If none apply, go to page 2)

<input type="checkbox"/> I am receiving Family Independence Program (FIP) benefits for myself and/or for all children in my home who need child care.
<input type="checkbox"/> I am receiving Supplemental Security Income (SSI) for myself and/or for all children in my home who need child care.
<input type="checkbox"/> I am a foster parent requesting child care only for a foster child(ren)
<input type="checkbox"/> I need child care only to participate in a required activity for my FIA Protective Services/Prevention case
IF YOU HAVE CHECKED ANY OF THE ABOVE IN SECTION 4, SKIP TO PAGE 3, SECTION 7, IF YOU HAVE NOT, GO TO PAGE 2.

SECTION 5 — INFORMATION ABOUT ALL CHILDREN UNDER AGE 18 WHO LIVE IN YOUR HOME:

<div>1</div> List Full Name of All Children Under the Age of 18 Who Live in Your Home. (Last, First, Middle)	<div>2</div> List the Full Name of Each Child's Mother and Father. Write "Unknown" If You Do Not Know Who the Mother or Father is.	<div>3</div> Parent Lives in the Home?		<div>4</div> If Not in Home <input checked="" type="checkbox"/> Proper Box							<div>5</div> Parents' Mailing Address if Different From the Applicant
		YES	NO	Divorced	Separated	Prison	Dead	In the Military Absent for Other Reason			
<div>USE MORE SHEETS IF NEEDED</div>	Mother										
	Father										
	Mother										
	Father										
	Mother										
	Father										
	Mother										
	Father										

SECTION 6— INFORMATION ABOUT ALL PERSONS WITH INCOME LIVING IN YOUR HOME: (Include Yourself)

Names of Household Members	Your Name		Other		Other		Other	
INCOME TYPE	LIST BELOW THE GROSS AMOUNT AND HOW OFTEN INCOME IS RECEIVED BY YOURSELF AND OTHER HOUSEHOLD MEMBERS.							
	Amount	How Often	Amount	How Often	Amount	How Often	Amount	How Often
1. Employment/ Self Employment								
2. Family Independ- ence Program (FIP), State Disability Assistance (SDA)								
3. Social Security Benefits (RSDI)								
4. Supplemental Security Income (SSI)								
5. Veterans Benefits								
6. Workers Compensation								
7. Disability Benefits								
8. Child Support								
9. Education Grants or Loans								
10. Unemployment Compensation								
11. Retirement Benefits								
12. Military Allotments								
13. Gaming Distributions (Casino profit sharing)								
14. Crops and Farm Income								
15. Housing Assistance								
16. Other:								

SECTION 7 — RIGHTS AND ACKNOWLEDGMENTS

1. **APPLICATION:** I understand that I have the right to file an application today or at any time, including prior to any interview or appointment, and the application must be approved or denied within 45 days from the day it is received by the Agency or Recruiter.
2. **NON-DISCRIMINATION:** I understand that if I believe I have been discriminated against because of race, sex, religion, age, national origin, color, height, weight, marital status, handicap, or political beliefs, I have the right to file a complaint with the Secretary, Department of Health and Human Services in Washington D.C.
3. **REPORTING CHANGES:**
 - I understand that the agency needs to know of any changes in income or circumstances of any person listed on this form.
 - **I will report to the FIA specialist who handles my Child Development and Care (CDC) case, any changes within ten days of the change.** These changes include changes in my employment, school/training, income, child care arrangements, name, address, phone numbers, household members, marital status, etc., and any other change which may affect my eligibility or the amount of benefits.
 - I understand that if I neglect or refuse to report required changes, or make false or misleading statements, I can be prosecuted for fraud or perjury.

If you have any doubt about whether you should report a change, call your Specialist at the Local FIA Office.
4. **REPAYMENT OF BENEFITS:** I understand that if benefits are overpaid for any reason, the extra benefits received will have to be repaid. If intentional misrepresentation caused the overpayment, the responsible party including any adult in the program group or the group's authorized representative or provider of goods or services may be prosecuted for fraud.
5. **HEARINGS:** I understand that if I do **not** agree with any decision made on any matter concerning my case, I have the right to ask for an Administrative Hearing. I understand that I can ask for information about an Administrative Hearing by calling the county Family Independence Agency office and that I can request an Administrative Hearing by writing to the local county Family Independence Agency office.
6. **AFFIDAVIT:** I swear or affirm that all the information that I have written on this form or told to a specialist is true. I understand that I can be prosecuted for perjury if I have intentionally given false information. I also know that I may be asked to show proof of any information I have given. If I have intentionally left out any information or if I have given false information, which causes me to receive benefits I am not entitled to or more benefits than I am entitled to, I understand that I can be prosecuted for fraud.
7. **RELEASE OF INFORMATION:** I authorize the FIA to send notices and / or provide information to my child care provider(s) when CDC services have been authorized or when there are changes in the authorization information previously given to the provider or when my application for CDC is denied or withdrawn or my case is cancelled. I also authorize the FIA or any child care center that may provide care for my child(ren) to release information necessary to determine my right to benefits under any other local, State or Federal program.
I authorize the Social Security Administration to give to the FIA all information necessary to determine my eligibility for CDC benefits.

I UNDERSTAND THAT:

- **If approved for CDC, I may only use child care services during the times that I and all other parent/substitute parents in my home are unavailable due to employment, high school completion classes, approved education and training activities and approved activities for a health or social condition.**
- **I am responsible for any child care costs not paid by the FIA, including benefits which may have been authorized but for which I no longer qualify, based on a change in circumstances.**
- **I am not eligible for CDC benefits before the need exists or before the FIA local office receives my signed application.**
- **If a reported change results in a reduction in benefits, the reduction will be made as soon as administratively possible by the FIA without advance notice.**
- **Child care must be provided in Michigan by either a licensed Child Day Care Center, licensed Group Day Care Home, registered Family Day Care Home, an FIA-enrolled Day Care Aide who provides care in the home where the child lives or an FIA-enrolled adult Relative Care Provider who is a grandparent/step-grandparent, great-grandparent/step-great grandparent, aunt/step-aunt, uncle/step-uncle or sibling/step-sibling of the child and who provides the care in his/her home and does not live in the same home as the child.**
- **If I use a Day Care Aide, I am the employer and responsible:**
 - : **to discuss health and safety issues such as: emergency phone numbers, storage of poisons, handwashing, diapering, discipline procedures and immunization records with the aide.**
 - : **for the employer's share of any employer's taxes which need to be paid.**
 - : **to get and keep receipts to verify the money I receive is paid to my day care aide for FIA-funded child care. (If my day care aide is not paid, other FIA benefits I receive may be affected.)**
- **As a condition of eligibility for CDC, it is my responsibility to pursue other benefits for which I may be eligible such as Child Support, unemployment benefits, etc., and that I must cooperate in child support actions.**
- **My application may be one of those chosen for a complete investigation, and an FIA representative might call at my home and might contact other people in order to verify my eligibility for assistance.**
- **My Day Care Aide or Relative Care Provider will not be enrolled and will not receive, or will stop receiving, payment, if:**
 - **he/she reports, or a criminal background check shows, that he/she has been convicted of specific crimes, or**
 - **he/she, or any adult reported as living in the Relative Care Provider's home, are on the FIA central registry as a perpetrator on a confirmed Children's Protective Services case.**

I HAVE READ AND UNDERSTAND ALL PARTS OF THIS FORM. (If you have any questions, be sure to ask your specialist.)

Signature of Applicant or Representative	Date of Signature	Recruiter Signature and Date
Signature of Family Independence Specialist (FIS)	Date of Signature	Recruiter Address

IF YOU NEED CHILD CARE TO PARTICIPATE IN AN MWA APPROVED ACTIVITY, HAVE THE MWA WORKER COMPLETE SECTION 8.

SECTION 8 —MICHIGAN WORKS! AGENCY (MWA) - APPROVED ACTIVITY

Please complete information on the activity that the customer listed on page 1 is participating in:

Customer Name		Activity		Location			Begin Date		Expected End Date	
Activity	#1						/ /		/ /	
Activity	#2						/ /		/ /	
Activity	#3						/ /		/ /	
Enter Days and Times of Assigned Activity (or Attach a Schedule)		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL HOURS	
	#1									
	#2									
	#3									
#	Signature of Worker			Date		Telephone Number		If completed by FIS, date verified with MWA staff.		
#1										
#2										
#3										

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.

This form is issued under authority of Public Act 280 of 1939. Completion of this form is voluntary. However, if it is not completed, your eligibility cannot be determined and you will not receive child day care services.